

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	CONFIDENTIAL INFORMATION	
2. NAME OF OPERATOR Union Oil Company of California		
3. ADDRESS OF OPERATOR P. O. Box 2620 - Casper, WY 82602-2620		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2300' FSL & 1875' FEL (NE NW SE)		
14. PERMIT NO. API No. 30-039-23905	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8204' GR (Ungraded)	
5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract #473		
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache		
7. UNIT AGREEMENT NAME		
8. FARM OR LEASE NAME Jicarilla (J21)		
9. WELL NO. 1		
10. FIELD AND POOL, OR WILDCAT Wildcat		
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T.30N., R.1W.		
12. COUNTY OR PARISH Rio Arriba		13. STATE New Mexico

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Move in Replacement Rig for Completion Operations	X

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4230' T.D.

Proposed Completion Procedure

MIRU completion unit, perforate the Niobrara formation, and water fracture an interval not yet selected.

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OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED R. G. Ladd, Jr.

TITLE District Drilling Supt.

DATE 10-2-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE _____

OCT 07 1986

[Signature]
AREA MANAGER

*See Instructions on Reverse Side

CONFIDENTIAL

NMOCC